

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
|                           | MA       |        | 04/20/07 |
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 12     | 5/1/01   |
| FORMALITY REVIEW          | WK       | 12-569 | 6/12/01  |
| RESPONSE FORMALITY REVIEW | Em       | 927    | 09/07/01 |
|                           | FS       | 1127   | 10/17/01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date     |
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| Final Original |          |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

L.L.  
 06/12/07  
 1-651  
 06/12/07  
 533  
 10-17-01